

## Application Data Sheet

### Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: PROCESS FOR INACTIVATING PATHOGENS IN  
A BIOLOGICAL MATERIAL

Attorney Docket Number:: 20695C-003000US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.?:: No

10025001-122404

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Austria  
Status:: Full Capacity  
Given Name:: Heinz  
Middle Name::  
Family Name:: Anderle  
Name Suffix::  
City of Residence:: Klosterneuburg  
State or Province of Residence::  
Country of Residence:: Austria  
Street of Mailing Address:: Hofkirchnergasse 14/4  
City of Mailing Address:: Klosterneuburg  
State or Province of mailing address::  
Country of mailing address:: Austria  
Postal or Zip Code of mailing address:: 3400

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Martin  
Middle Name::  
Family Name:: Spruth  
Name Suffix::  
City of Residence:: Vienna  
State or Province of Residence::  
Country of Residence:: Austria  
Street of Mailing Address:: Mohsgasse 8  
City of Mailing Address:: Vienna  
State or Province of mailing address::

Country of mailing address:: Austria

Postal or Zip Code of mailing address:: 1030

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Peter

Middle Name::

Family Name:: Matthiessen

Name Suffix::

City of Residence:: Vienna

State or Province of Residence::

Country of Residence:: Austria

Street of Mailing Address:: Vorgartenstrasse 129-143/1

City of Mailing Address:: Vienna

State or Province of mailing address::

Country of mailing address:: Austria

Postal or Zip Code of mailing address:: 1020

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Austria

Status:: Full Capacity

Given Name:: Peter

Middle Name::

Family Name:: Turecek

Name Suffix::

City of Residence:: Klosterneuburg

State or Province of Residence::

Country of Residence:: Austria

PATENT OFFICE

Street of Mailing Address:: Hauptstrasse 59g  
City of Mailing Address:: Klosterneuburg  
State or Province of mailing address::  
Country of mailing address:: Austria  
Postal or Zip Code of mailing address:: 3400

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Austria  
Status:: Full Capacity  
Given Name:: Thomas  
Middle Name::  
Family Name:: Kreil  
Name Suffix::  
City of Residence:: Klosterneuburg  
State or Province of Residence::  
Country of Residence:: Austria  
Street of Mailing Address:: Ziegelofengasse 93  
City of Mailing Address:: Klosterneuburg  
State or Province of mailing address::  
Country of mailing address:: Austria  
Postal or Zip Code of mailing address:: 3400

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Hans-Peter  
Middle Name::  
Family Name:: Schwarz  
Name Suffix::

City of Residence:: Vienna  
State or Province of Residence::  
Country of Residence:: Austria  
Street of Mailing Address:: Schindlergasse 32  
City of Mailing Address:: Vienna  
State or Province of mailing address::  
Country of mailing address:: Austria  
Postal or Zip Code of mailing address:: 1180

## Correspondence Information

Correspondence Customer Number: 20350

## **Representative Information**

Representative Customer Number:: 20350

## Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

## Foreign Priority Information

Country:: Application number:: Filing Date::

## Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

**State or Province of mailing address::**

Country of mailing address::

Postal or Zip Code of mailing address::